

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
 If more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each in order of birth stated.

PLACE OF BIRTH *Gila*

ARIZONA STATE BOARD OF HEALTH

1. County of *Gila*  
 District of *Lower Miami*  
 Town of *Miami*  
 or  
 City of \_\_\_\_\_

BUREAU OF VITAL STATISTICS  
 ORIGINAL CERTIFICATE OF BIRTH

State Index No. *202*  
 County Registrar No. \_\_\_\_\_  
 Local Registrar No. \_\_\_\_\_

No. *Warrior Siding* St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child *Catherine Louise Fulcher* (If child is not yet named, make supplemental report, as directed.)

3. Sex of Child *female* To be answered ONLY in event of plural births. 4. Twin, triplet or other \_\_\_\_\_ 6. Legitimate? *yes* 7. Date of birth *Mar 31 1925*  
 Month Day Year

8. FATHER  
 Full name *Jay Scott Fulcher*

14. MOTHER  
 Full maiden name *Edith Angela O'Connell*

9. Residence (Usual place of abode) *Lower Miami Ariz.*  
 If non-resident, give place and state.

15. Residence (Usual place of abode) *Lower Miami Ariz.*  
 If non-resident, give place and state.

10. Color or race *White* 11. Age at last birthday *42* (Years)

16. Color or race *White* 17. Age at last birthday *33* (Years)

12. Birthplace (city or place) \_\_\_\_\_  
 (State or country) *New Mexico*

18. Birthplace (city or place) *Durango*  
 (State or country) *Colorado*

13. Occupation *Machine Shop Foreman*  
 Nature of Industry *Copper Mining*

19. Occupation \_\_\_\_\_  
 Nature of Industry *Housewife*

20. Number of children of this mother (a) Born alive and now living *3*  
 (Taken as of time of birth of child herein certified and including this child.) (b) Born alive but now dead *6*  
 (c) Stillborn \_\_\_\_\_

21. Were precautions taken against ophthalmia neonatorum? *yes*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was *alive* at *9:45 A* m. on the date above stated  
 (Born alive or stillborn.)

\* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.  
 Signature *J. J. Miller* (Physician or midwife.)  
 Address *Miami, Arizona*

Given name added from a supplemental report \_\_\_\_\_  
 Month, day, year \_\_\_\_\_  
 Filed *April 5 1925* *Alonso Braxton* Local Registrar.

Registrar \_\_\_\_\_ Filed \_\_\_\_\_, 19\_\_\_\_ County Registrar.

369 - 331 - 563